

BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

LYNN L.,

Claimant,

v.

REGIONAL CENTER OF ORANGE
COUNTY,

Service Agency.

OAH No. 2010120774

A Proceeding Under the
Lanterman Developmental Disabilities
Services Act

DECISION

This matter was heard by Vincent Nafarrete, Administrative Law Judge of the Office of Administrative Hearings, State of California, in Santa Ana on October 6, 2011.

Claimant Lynn L. was represented by her brother, Steven C. L. Regional Center of Orange County was represented by Paula Noden, Fair Hearing Coordinator.

Regional Center of Orange County presented Exhibits 1 – 20 and the testimony of Peter Himber, Chief Medical Officer; Mary K. Parpal, Staff Psychologist; and Lori Burch, Service Coordinator. Claimant Lynn L. presented Exhibits A – N and the testimony of Dr. Skipi L. Smoot, Psychologist; Gail C. Kawanami, Consultant; and her brother. The parties' exhibits were admitted into evidence under Welfare and Institutions Code section 4712, subdivision (i), except for Exhibits B and J, which were deemed to be written argument.

Documentary and oral evidence having been received, the Administrative Law Judge submitted this matter for decision on October 6, 2011, and finds as follows:

ISSUE

The issue presented for decision is whether claimant is eligible for regional center services on the basis of a developmental disability within the meaning of Welfare and Institutions Code section 4512.

FACTUAL FINDINGS

1. Claimant Lynn L. was born on August 3, 1953, and is 58 years old. Currently, she lives at Integrity Cottages in Orange County, a former motel that has been converted by a non-profit company into rental units for developmental disabled adults. Claimant receives approximately \$850 per month in Supplemental Security Income and Social Security Disability Insurance. Her brother is the payee and uses this disability income to pay her monthly rent of \$250 at Integrity Cottages. He deposits the balance of the disability income into claimant's bank account in \$125 weekly increments. She accesses the bank account and uses these funds to pay for her personal and living expenses, including her cellular telephone and automobile. Her brother supplements claimant's income by giving her extra money. He also pays \$350 per month to a consultant to provide life skills development counseling and training to claimant.

2. (A) In July 2010, claimant's life skills consultant, Gail Kawanami, asked the Regional Center of Orange County (Service Agency) to evaluate claimant for eligibility for regional center services. On July 15, 2010, Kawanami and claimant met with Service Agency staff and provided historical information. Claimant's brother submitted a letter and discussed his sister's case for eligibility with the Service Agency staff. On August 23, 2010, Lori Burch, M.A., Senior Service Coordinator of the Assessment and Intake Unit, prepared a Social Assessment in which she summarized the intake interview, reviewed records, and recommended, in part, that the Service Agency obtain claimant's medical, educational, and psychological records and review the information to determine her eligibility for services.

(B) On November 3, 2010, an Eligibility Review Group reviewed certain available records and made a determination that claimant was not eligible for services. The Service Agency then informed claimant of that determination and provided her with an explanation for its decision as well as recommendations. On or about January 6, 2011, claimant's brother filed a Fair Hearing for her, contesting the denial of eligibility for services.

3. Over two days in December 2010, claimant underwent a psychological assessment by Skipi Lundquist Smoot, Ph.D., a clinical psychologist and clinical director of Psychological Decisions Career Ambitions, Unlimited, in Irvine. Dr. Smoot produced a written assessment that was submitted to the Service Agency in

support of her application for eligibility for services. On January 18, 2011, Mary Parpal, Ph.D., staff psychologist at the Service Agency, reviewed the assessment.

4. On April 4, 2011, Staff Psychologist Parpal, Senior Service Coordinator Burch, and medical director Peter Himber, M.D., conducted an evaluation of claimant to review her eligibility for regional center services. This transdisciplinary team reviewed claimant's records, including the assessment by Dr. Smoot and a report by Kawanami, and met with claimant and her consultant Kawanami. The transdisciplinary team obtained claimant's history, observed and interacted with claimant, performed a general physical examination. Dr. Himber conducted a neurologic examination. Thereafter, the transdisciplinary team issued a Transdisciplinary Assessment Report that confirmed the Service Agency's original determination that claimant was not eligible for regional center services on the basis that claimant did not have an eligible condition or diagnosis and was not substantially disabled in three areas of major life activity. This matter then ensued.

5. In this fair hearing matter, claimant presented the testimony and reports of Dr. Smoot and Consultant Kawanami as well as the testimony of the brother to show that she has suffered from a developmental disability since childhood and has been substantially disabled in several areas of major life activity, including learning, self-direction, and economic self-sufficiency.

Claimant's History and Assessments

6. After she was born in Palo Alto, claimant and her brother grew up in Tustin. Her brother left home in 1965 to attend college at the University of Washington. After college, he remained in Washington and has lived and worked in the general Seattle area since that time. Claimant grew up in a household in which she was sheltered by her parents and not given opportunities to develop her social, communication, life, and self-management skills. She developed low self-esteem. At school, claimant did not perform well academically and her mother did most of her school work for her. She received the services of a resource specialist in reading and a tutor in math. In 1972, she graduated from high school. Her school records are no longer available and none were presented in the hearing. No medical or health records were presented that demonstrated claimant was assessed or diagnosed with mental retardation or developmental disability during her school-age years.

7. (A) After high school, claimant continued to live with her parents in the family home in Tustin. She began attending classes at Sawyer Business College but withdrew from the program after several months. She also registered to take classes at a community college and adult school but did not complete any of the classes. Claimant worked for a short time in an insurance office and for an aerospace company but, over the years since high school, she has not been able to hold a job for

very long. She has performed voluntary work at a church and at Integrity House and attempted to complete classes at the regional occupational center.

(B) In the summer of 1978, claimant had her first panic attack while watching a baseball game at Anaheim Stadium. Thereafter, she became increasingly anxious and depressed. She was unable to leave her home or to perform activities of daily living. In or about 1982, when she was 28 years old, claimant was sexually assaulted in a stairwell, which led her to develop depression and phobias. She was unable to ascend stairs and began sleeping in the living room on the first floor of the family home. She was admitted into the psychiatric ward at St. Joseph's Hospital for several weeks. In 1982, claimant's father died suddenly from a brain hemorrhage. She was deeply saddened and further affected psychologically by her father's passing. She shied away from public contact and avoided panic attacks by staying home. At home, claimant's mother took care of her finances, shopped for groceries, prepared her meals, and helped her to bathe and shower. In 1985, claimant gave birth to a daughter but could not care for the infant. Her brother adopted her daughter and she moved into the brother's home in Washington. Claimant's daughter was diagnosed with a developmental disability and received services in Washington. In the 1980's, claimant began receiving psychological treatment and counseling. She was evaluated by mental health professionals for the Department of Social Services for purposes of an application for disability benefits. She was found eligible to receive disability income due to her psychological conditions and/or psychiatric diagnoses.

(C) In 2007, claimant's mother died due to pancreatic cancer. Afterwards, claimant stayed in the family home for one year until her brother discovered that she was allowing other persons to live there and to ransack the house. Claimant also pawned her mother's ring for a fraction of its value and spent a large sum of her mother's money. Her brother had her move into a board and care facility for "mentally disturbed persons" and then arranged for her to rent a room in a home in Santa Ana. In or about 2009, claimant was hospitalized due to depression. Earlier this year, she moved into Integrity Cottages.

8. (A) In the late 1980's and 1990's, claimant was treated in her home by Douglas R. Matthew, Ph.D., a clinical psychologist with an office in Anaheim. In a September 1987 evaluation, Dr. Matthews noted claimant spoke in monotone, almost singing pattern with a blank facial expression and flat affect. She exhibited dull intellectual functioning. She suffered from anxiety and depression. While her mother was at work, claimant cleaned the house. She helped with the household chores, including cooking, but her mother took care of her banking and finances. She had social contact with one person other than her mother. Dr. Matthews found that claimant was not able to work because her anxiety severely disrupted her cognitive and social functioning. She was diagnosed with severe agoraphobia with panic attacks and found incompetent to manage her own funds.

(B) In a March 1998 evaluation, Dr. Matthews diagnosed claimant with panic disorder with agoraphobia. The clinical psychologist found that claimant was severely restricted in her daily life due to anxiety and panic attacks. She could not go up to the second floor of her home. She was able to drive a car but could not get out of the vehicle. Her psychiatrist saw her in the parking lot because she could not go into his office. She was able to take care of her daily living needs, including cooking and handling her own finances, as well as performing household chores as long as she did not have to go upstairs. Her reading comprehension was at the high school level and she did not exhibit any abnormal cognitive functioning. She needed assistance with long-term planning and decision-making. The clinical psychologist opined that, on occasion, claimant experienced such intense and debilitating anxiety that her concentration, cognitive functioning, and judgment became “problematic.”

(C) In a letter dated July 24, 2010, Dr. Matthews noted he treated claimant in her home for several years for panic disorder with Agoraphobia. He noted that claimant’s case was remarkable due to her unusual speech pattern and her tendency to perseverate by repeating questions asked or statements made to her. Her social development and skills were lacking, for she did not understand social cues or consequences of her behavior. She was not capable of making appropriate “social or self-judgment,” was self-absorbed, and not interested in knowing more about her condition.

9. From July 1995 through January 1998, claimant received psychiatric and medication treatment from Seawright W. Anderson, M.D., for Agoraphobia. The psychiatrist saw claimant in her car in the parking lot of his office building due to her phobias. During this time, claimant was also seeing a psychologist for out-patient psychotherapy.

10. (A) In a letter dated July 20, 2010, Sarabjit S. Sandhu, M.D., a Newport Beach psychiatrist, wrote that he has been treating claimant since 2004 and that he had diagnosed her with Obsessive Compulsive Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, and Panic Disorder with Agoraphobia. Dr. Sandhu opined that claimant has been disabled since a young age and unable to function at a basic level. He indicated that appellant’s “cognitive function puts her in the range of Mild Mental Retardation and Borderline Intellectual Functioning.”

(B) It was not established by Dr. Sandhu’s letter that claimant was diagnosed with or had mild mental retardation or was developmentally disabled before she turned 18 years old. From 2000 to the present, Dr. Sandhu has treated claimant for Major Depressive Disorder, which was termed recurrent, severe, and without psychotic features, and for Panic Disorder with Agoraphobia. He has never diagnosed claimant with mild mental retardation or administered any tests to evaluate her intellectual or cognitive functioning. The psychiatrist’s records showed that, while she lacked insight into her illness, claimant always presented with adequate communication skills and fair and intact intellectual and cognitive functioning. As

such, Dr. Sandhu's opinion that claimant has had mild mental retardation since a young age was not supported by any assessment or diagnosis and was therefore unpersuasive.

(C) Dr. Sandhu did note that claimant has always exhibited poor judgment and insight and made poor decisions about friends and finances. In November 2004, Dr. Sandhu wrote that, due to mental status, claimant was unable to manage her affairs and needed assistance and supervision in almost every aspect of activities of daily living. After her mother's death, the psychiatrist noted that claimant allowed other persons to live in her mother's home and to steal and take money from her. She gave away and depleted her mother's monies and incurred a significant amount of credit card debt.

(D) On May 5, 2010, claimant saw her physician, Dr. Maria C. Meris, who noted in a progress note that claimant underwent a physical examination and had a recent mammogram and laboratory tests. The physician noted claimant's medications and her diagnoses of severe major depressive disorder with recurrent psychotic features and panic disorder with Agoraphobia. The physician recommended that claimant continue to see her psychiatrist, Dr. Sandhu, and referred her to a specialist for sleep apnea.

Claimant's Assessments and Reports

11. (A) For the past two and one-half years, claimant has been receiving interpersonal and independent living skills training from Kawanami in once weekly sessions that last three to five hours. Kawanami attained a bachelor's degree in psychology and anthropology from the University of California Irvine and completed the course requirements for a master's degree in counseling psychology at the University of Southern California. Kawanami is the owner and director of Life Works Consulting Services in Westminster.

(B) Kawanami has provided claimant with training and counseling in several areas, including social and communication skills, behavior, developing healthy social relationships, proactive thinking and decision-making, problem solving, goal setting, account and money management, and shopping and budgeting. Kawanami has also helped claimant to obtain housing and contacted agencies, such as the Department of Rehabilitation and Social Security Administration, to attempt to obtain job training and benefits for her. Claimant has made progress but continues to need assistance for those daily tasks and functions that require her to use insight, reasoning, and strategizing, which skills are poorly developed or non-existent for her. Kawanami has surmised that, because she grew up in an overly-protected family, claimant did not have opportunities to develop appropriate communication, social, executive function, and decision-making skills. She does not have clearly defined values or standards for friendships and relationships. As a result, claimant

purportedly had low self-esteem and anxiety as a child which then developed into depression, panic disorder, and anxiety disorder when she became an adult.

(C) Furthermore, in her weekly counseling sessions, Kawanami has noticed that claimant has difficulty in processing, understanding, and retaining information and directions. She lacks focus, has a short attention span, and engages in fragmented thinking. To make sure that claimant understands the counseling discussions, Kawanami has had to repeat her statements and asks claimant to restate the information. In Kawanami's view, claimant has not only had long-term psychiatric and/or psychological diagnoses but also impaired intellectual and cognitive functioning since her youth, which purportedly resembles mild mental retardation. Kawanami also described claimant as "slightly mentally retarded" due to the manner in which she processes information. Kawanami has opined that claimant's cognitive deficits have affected her ability to accurately process and understand information, interpret social situations, recognize her own and others' abilities and needs, and make reasoned decisions, which, in turn, has resulted in her getting involved in unhealthy relationships and emotional distressing situations. Claimant has a general inability to live independently.

(D) Furthermore, after counseling her for two and one-half years, Kawanami has observed that claimant exhibits or has disabilities in several major life areas. According to Kawanami, claimant has a mild impairment in language. She can speak appropriately but will shut down when stressed. Claimant was described as severely impaired in learning, for she cannot process or apply information. In the area of self-care, Kawanami has found claimant can dress herself but is non-hygienic, does not eat proper foods, does not exercise, and does not respect herself. Claimant was said to be lacking the skills, insight, and cognitive ability to be self-directed. Kawanami described claimant as severely handicapped in independent living, for she cannot keep her apartment clean or budget her household expenses. In the area of economic self-sufficiency, claimant has been unable to hold a job and needs assistance to manage her money. She also does not know when to ask others for assistance.

12. (A) On December 10, 2010, claimant was referred to Dr. Smoot for a psychological and cognitive assessment to help identify "characteristics that might result in eligibility for programs offered by the [Service Agency]." Dr. Smoot administered several psychological assessment instruments: Wechsler Adult Intelligence Scale-Revised (WAIS-R), Learning Disabilities Diagnostic Inventory, Minnesota Multiphasic Personality Inventory, Test of Ego and Cognitive Development, and the Rorschach. The clinical psychologist obtained claimant's history and conducted a mental status examination. Dr. Smoot found that claimant exhibited below-average insight into her experiences and problems and her judgment was clouded by emotions or fear. The test results of the WAIS-R showed that claimant had a verbal IQ of 102, performance IQ of 66, and a full scale IQ of 83. Dr.

Smoot also applied the Information Processing Model to analyze claimant's left and right brain functioning.

(B) Following her testing and assessment, Dr. Smoot reached her diagnostic impressions under the Diagnostic and Statistical Manual of Mental Disorders (4th ed. 2000) that claimant has panic disorder with Agoraphobia and early onset Dysthymia under Axis I, mathematics and written expression disorder and borderline intellectual functioning under Axis II, sleep apnea under Axis III, and psychological stressors under Axis IV. The clinical psychologist opined that claimant has a developmental disability because she has a condition which is similar or closely related to mental retardation or which requires treatment similar to that required for a person with mental retardation.

(C) In her Psychological Assessment report and her testimony at the hearing, Dr. Smoot explained her opinion why claimant has a developmental disability. Based, in major part, on her findings that claimant has a history of educational difficulties as a child, borderline intellectual functioning, lack of concentration and focus, limited memory and ability to plan, impaired thinking processes, and emotional issues, Dr. Smoot concluded that claimant has a learning disability and a high probability of Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder. The clinical psychologist further concluded that claimant's learning disability arises from a central nervous system impairment and concomitant frontal lobe executive function dysfunction. Based on claimant's history of educational difficulties, Dr. Smoot added that claimant's neurological impairment has to have originated at birth and she surmised that it was caused by her mother's excessive drinking and smoking during pregnancy. In an addendum to her report, Dr. Smoot added a diagnosis for claimant of pervasive developmental disorder, not otherwise specified (PDD-NOS).

(D) The opinions of Dr. Smoot that claimant has a neurological impairment and PDD-NOS and therefore a condition similar or closely related to mental retardation or a condition which requires treatment similar to that for mental retardation was not persuasive for several reasons. First, the clinical psychologist administered tests that are not normally used to assess mental retardation or a developmental disability. The Learning Disabilities Diagnostic Inventory is used to measure the academic skill patterns of children by obtaining information from their teachers. The Minnesota Multiphasic Personality Inventory and Rorschach Testing are properly used to assess psychological problems but not mental retardation. Second, Dr. Smoot administered the WAIS-R to obtain claimant's scores of intellectual functioning but used an outdated version of the instrument. Her failure to use the current version, the WAIS-IV, lessened the weight that can be attributed to her findings and diagnoses. Third, Dr. Smoot did not make a diagnosis of PDD-NOS in her original report of her psychological assessment. Rather, she admittedly added this diagnosis to her report only after the Service Agency denied eligibility to claimant to receive regional center services. Her attempt to embellish her report and diagnoses by

adding a diagnosis of PDD-NOS only served to diminish the persuasiveness of her opinion that claimant has a developmental disability. Fourth, Dr. Smoot failed to reference or list the criteria for Pervasive Developmental Disorder or Mental Retardation under the Diagnostic and Statistical Manual of Mental Disorders (4th ed. 2000) (DSM-IV-TR) or to compare claimant's characteristics or behaviors that she found in her assessment to those specific criteria in making her diagnoses.¹ Fifth, it was not established that Dr. Smoot as a clinical psychologist has the necessary educational background or professional expertise to diagnose neurological impairment or to discuss brain functioning as it may relate to learning disabilities or developmental disabilities. Dr. Smoot's speculation that claimant's mother must have drunk excessively and smoked during pregnancy underscored her lack of expertise in this area.

Service Agency Findings

13. At her intake interview at the Service Agency on August 23, 2010, claimant was attractively dressed, for she wore make-up and had fashionably painted acrylic finger nails. Her dress and appearance were appropriate. She spoke in an articulate and open manner about her history, current status, and past relationships. She talked about her strong desire to please her brother and her problems with money management. She mentioned having incurred a great of credit card debt after her mother passed away. While she was conversant and spoke in complex sentences, claimant had a flat affect, spoke in a monotone voice, and responded in a deliberate and rambling manner. She had difficulty with abstractions and more complex questions, which resulted in misunderstanding. Some directions and questions had to be repeated to her. Claimant also had difficulty interpreting social cues and body language.

14. At the transdisciplinary assessment interview on April 4, 2011, claimant presented as a well-groomed and attractive woman. Her receptive and expressive language skills and memory were adequate such that she was able to express herself and to provide a detailed history of past events in her life. She was easy to engage in conversation, had a good attention span, and stayed on topic. She spoke in full sentences. Her speech was clear and understandable. The transdisciplinary committee found that claimant was a delightful woman who had a

¹ Under the DSM-IV-TR, the essential feature of mental retardation is significantly sub-average general intellectual functioning accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social or interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. Onset must occur before age 18. Significantly sub-par intellectual functioning is defined as IQ of approximately 70 or below.

long history of psychiatric illness. She had suffered emotional trauma and made poor decisions. In the last two years, she had improved her life skills. The transdisciplinary committee determined that claimant's problems were the result of psychiatric illnesses not a developmental disability and that she was not substantially disabled in at least three areas of major life activities.

15. At the present time, claimant lives alone in her studio apartment at Integrity Cottages. She is able to do her own shopping and has limited cooking skills. She can perform all of her grooming and hygiene tasks independently. She has a car and driver's license and can drive. She is able to access monies deposited into her bank account by her brother by using a bank card at Automated Teller Machines. Claimant makes and attends her own medical appointments and orders and obtains refills of her prescription medications. Since giving away her dog, she is able to keep her apartment reasonably clean and orderly but does not do her laundry or put away her clothes. She can use a telephone. Claimant still has a phobia about ascending stairs but is working on this psychological problem with her psychiatrist and life skills counselor. Her brother frequently flies down from Washington to help her.

16. Based on Findings 1 – 15 above, it was not established that claimant has been diagnosed with a developmental disability that originated before she was 18 years old and is a substantial disability for her. Nor was it established that claimant has a condition closely related to mental retardation or requires treatment similar to that for an individual with mental retardation.

* * * * *

Based on the foregoing findings of fact, the Administrative Law Judge makes the following determination of issues:

LEGAL CONCLUSIONS

1. Grounds do not exist under the Lanterman Developmental Disabilities Services Act (Lanterman Act) to grant claimant's appeal to over-turn the decision of the Service Agency denying her eligibility for regional center benefits in that it was not established that claimant has a developmental disability within the meaning of Welfare and Institutions Code section 4512, based on Findings 1 – 16 above.²

2. Section 4512, subdivision (a), defines "developmental disability" as a disability which originates before an individual attains age 18, continues, or can be

² All further section references are to the Welfare and Institutions Code.

expected to continue, indefinitely, and constitutes a substantial disability for that individual. Developmental disability shall include mental retardation, cerebral palsy, epilepsy, and autism. Developmental disability shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature.

Section 4512, subdivision (1), defines “substantial disability” as the existence of significant functional limitations in three or more of seven areas of major life activity as appropriate to the age of the person. The seven areas of major life activity are (1) self-care; (2) receptive and expressive language; (3) learning; (4) mobility; (5) self-direction; (6) capacity for independent living; and (7) economic self-sufficiency.

California Code of Regulations, title 17, section 54000, subdivision (c), further provides that a developmental disability shall not include handicapping conditions that are:

(1) Solely psychiatric disorders, where there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis, or personality disorders even where social and intellectual functioning have become seriously impaired as an integral manifestation of the disorder.

(2) Solely learning disabilities. A learning disability is a condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of education performance and which is not a result of generalized mental retardation, educational or psycho-social deprivation, psychiatric disorder, or sensory loss.

3. Discussion—The evidence in this matter had a tendency in reason to show that claimant has significant functional impairments or handicaps in learning, self-direction, and economic self-sufficiency. She received educational supports as a child. Dr. Smoot diagnosed her with a learning disability and Kawanami described the difficulties that claimant has in understanding and applying information. Due, in part, to her low intellectual functioning and lack of social skills and judgment, claimant cannot formulate goals, make informed decisions, and organize her tasks. As such, she is limited in her ability to have self-direction. Without the assistance of her brother in managing her bank account and the instructions of her life skills consultant in budgeting and living skills, claimant cannot be considered economically self-sufficient. She has a history of incurring large amounts of credit card debt and losing her mother’s monies and jewelry. She has been unable to complete classes or hold a job and thus improve and support herself. For most of her life, claimant relied upon her mother and now needs the support of her brother and consultant.

However, while she may have disabilities or handicaps in three major life areas, the weight of the evidence did not demonstrate that claimant has a developmental disability that originated before she turned 18 years old. She is now 58 years old and has not been diagnosed with mental retardation, cerebral palsy, epilepsy, or autism. She has not been assessed to have a disabling condition that is closely related to mental retardation or requires treatment similar to that for persons with mental retardation. The diagnosis by Dr. Smoot of pervasive development disability, not otherwise specified, if given any weight, did not demonstrate that claimant has a disabling condition related to mental retardation or a disabling condition requiring treatment similar to that for a person with mental retardation. The fact of the matter is that claimant has borderline intellectual functioning and been disabled for most of her adult life by the psychiatric illnesses of depression, anxiety, and panic disorder with Agoraphobia. These psychiatric illnesses have been a significant cause for her various handicaps and difficulties in being able to lead an independent and self-sufficient life. Unfortunately, the law and regulations under the Lanterman Act specifically exclude solely psychiatric disorders from the definition of a developmental disability. In the absence of evidence that she has a developmental disability within the meaning of Welfare and Institutions Code section 4512, subdivision (a), claimant cannot be found to be eligible for regional center services.

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Wherefore, the Administrative Law Judge makes the following Order:

ORDER

The appeal of claimant Lynn L. from the determination of the Regional Center of Orange County denying her eligibility for regional center services or benefits is denied. The determination of the Regional Center of Orange County is sustained.

Dated: October 17, 2011

Vincent Nafarrete
Administrative Law Judge
Office of Administrative Hearings

NOTICE

This is the final administrative decision pursuant to Welfare and Institutions Code section 4712.5. Both parties are bound by this decision and either party may appeal this decision to a court of competent jurisdiction within ninety (90) days.